



Project Based Voucher Program
1690 North Blvd
Baton Rouge, LA 70802
Telephone (225) 763-8700; Option 7
Fax: (225) 342-8891

Vacancy Payment Request Form

Instructions: To apply for a vacancy payment, please submit the information requested below. Louisiana Housing Authority will process requests for vacancy payments *after the second calendar month following the participant's move-out*. This will avoid any potential duplicate Housing Assistance Payments.

Date of Request

____ / ____ / ____

Unit Address

Tenant Name

Tenant ID #

Owner Name & Address

Owner Phone #

Owner Fax #

Owner E-mail

Move Out Date

____ / ____ / ____

Initial Notification Date

____ / ____ / ____

Agency/Person Notified

Reason for Move-Out*

*If eviction, please attach proof
and formal documentation

Rent to Owner Received for Vacancy Period:

\$

Amounts Available from Security Deposit Retained by Owner**:

\$

**Amounts available from Security Deposit Retained by Owner refers to amounts available after unit repairs.

Owner/Agent Signature and Date***

***By signing the line above the Owner/Agent certifies that the vacancy is no fault of the Owner and that the unit was vacant during the period for which payment is claimed. The Owner/Agent also certifies that the Owner has taken every reasonable action to minimize the likelihood and length of vacancy.

1. Monthly Contract Rent	\$	2. 80% of Monthly Contract Rent	\$
3. # of Months Vacant	____	4. Contract Rent for Vacancy Period	\$
5. 80% of Contract Rent for Vacancy Period	\$		
6. Contract Rent for Vacancy Period - (Security Deposit Retained + Rent Received by Owner)			\$
7. Total Vacancy Payment Amount (lesser of items 5 and 6)	\$		
Period Covered	____ / ____ / ____	to	____ / ____ / ____
Authorized Signature	_____	Date:	_____
		Approve	<input type="checkbox"/>
		Deny	<input type="checkbox"/>

rev. 01.10.14